



Application Data Sheet

Application Information

Application number:: 10/637713
Filing Date:: 08/08/03
Application Type:: Regular
Subject Matter:: Utility
Title:: APPARATUS AND METHODS FOR
DEPLOYMENT OF VASCULAR PROSTHESES
Attorney Docket Number:: 021629-000340US
Request for Early Publication:: No
Request for Non-Publication:: No
Total Drawing Sheets:: 10
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: STEVE
Family Name:: LANDREVILLE
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 273 Mountain View Ave.
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: BERNARD
Family Name:: ANDREAS
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 633 California Way
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: PABLO
Family Name:: ACOSTA
City of Residence:: Newark
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 8272 Rinconada Ct.
City of Mailing Address:: Newark
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: SUNMI
Family Name:: CHEW

City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1599 Martin Ave.
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95126

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/412,714	04/10/03
10/412,714	Continuation-in-part of	10/306,813	11/27/02
10/306,813	Non-Provisional of	60/364,389	03/13/02
10/306,813	Non-Provisional of	60/336,967	12/03/01

Assignee Information

Assignee Name:: XTENT, INC.
Street of mailing address:: 604-D Fifth Ave.
City of mailing address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94063
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